

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589605
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5			/				55						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	0		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	10						TOTAL CLAIMS						